

Wisconsin Department of Agriculture, Trade and Consumer Protection Bureau of Weights and Measures

Storage Tank Regulation, PO Box 7837, Madison, WI 53707-7837

Phone: (608) 224-4942

	FOR C	OFFICE U	SE ONLY	
TRANSA	ACTION #:			

## PRE-OPERATIONAL TANK TIGHTNESS TEST

Wis. Admin. Code &ATCP 93,100

Personal information you provide	may be used for	purposes other t	han t	hat for whic	h it was	originally	/ col			U		is. Stats.).	
IDENTIFICATION		_						_					
OWNER NAME		CUSTOMER ID#	COMPANY NAME				EMAIL						
STREET ADDRESS		☐ CITY ☐ TOWN		☐ VILLAGE STATE		ZIP	7IP		PHONE NUMBER FAX NUMI				
					0			( )	-		(	) -	
FACILITY NAME		SITE ID# FAC		FACILITY ID:	# F	FIRE DEPT.	PRC	DVIDING FIRE COVERAG			iΕ	FDID#	
SITE ADDRESS		CITY TOWN VILLAGE			STATE	COUNTY							
SUBMITTING PARTY		CUSTOMER ID#	ER ID# CONTACT PERSON					EMAIL					
STREET ADDRESS		CITY TOWN	CITY TOWN VILLAGE			STATE	ZIF	PHONE (			NUMBER		
A pre-operational tightness test is to before system is put into service. The assembly integrity that will provide limits.	ne purpose of the	preoperational tight	ness t	test is to dete	omponei ct any lo	nts, and ta	nk fit s on	tings have the tank s	e beei ysten	n install	led/co	ompleted, but e structural an	d
The tightness test must be complete may not always detect loose tank fitter		before the final ins	pectio	n and before	the syst	em is allov	ved t	o be used	. Not	e: Vacı	uum 1	ests on tanks	i
A qualifying test shall be conducted of any leaks during that one hour tim		h the tank's listing o	r man	ufacturer's in	structior	ns and sha	ll be	held for a	t leas	t one h	our w	rithout eviden	се
If any product is in the tank, nitrogen	•	table inert gas mus	t be u	sed to condu	ct the te	st.							
• The use of a 2" (minimum diameter)	/ 15 psig (maximu	ım psig) gauge sha	ll be u	sed for tank t	ightness	pressure	testi	ng proced	ures.				
<ul> <li>SPS 305.85(5)(f) - Certified undergrapiping including vapor recovery, ven</li> </ul>			esent	at the job site	for the	installatior	n and	I testing of	f all co	onnecti	ons a	and tank – rela	ated
	TANK 1	TA	TANK 2		TANK	TANK 3			TANK 4			TANK 5	
Tank ID# (if previously registered)													
Contents of tank													
Tank capacity (gal)													
Start time													
Pressure level													
Stop time													
Pressure level													
Date testing was conducted:	-	Testir	ng co	mpany nam	e:					ë			
I certify that the tank system and r prior to allowing the system to be	-	ents have been tig	ghtnes	ss tested ac	cording	to the m	anut	facturer's	instr	uction	s an	d PEI praction	ces
TESTER NAME (PRINT)		TESTER SIGNA	TURE					DATE	<u> </u>				
CERTIFIED INSTALLER NAME (IF DIFFER	RENT THAN TESTER	R)		CERTIFICATION	ON NUME	BER:							